

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid 10 Date CK∓15

Mailing Address PO BOX 746 City CASHMERE State WA Zip+4 98815 + 0746 FAX: (509) 782 - 4719 Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION EX Same as above Name Home Tel:		140	1			NIZATIO		0100010001011000	2000-0000000000000000000000000000000000		
Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION Same as above Home Tel:			,								
Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION Same as above				TIA							
Home Tel:	City	ASHMERE	51	tate WA Z	ip+4_90013	+ 0746	FAX:)_	702 - 4	719	
Section 3. STATEMENT OF INTENT				PERSON	TO CAL	L ABOUT	THIE.	APPI	LICAT	ION	
Section 3. STATEMENT OF INTENT	Jame					Home	Tel·(ì		GEIV	
Ety State Zip+4 + FAX:		dress				Work	Tel:(and the second second second second	
Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than cubic feet per second) from a cubic feet per second from a cubic feet per search from the paid of time that the water will receded: Check if the water use is proposed for a short-term project. Indicate the period of time that the water will receded: From/_/ to/_/ Section 4. WATER SOURCE If SURFACE WATER	itv	<u> </u>	St	tate 7	in+4	+	FAX:(5 to 408 4	JAN 1 8 194	Ö
The applicant requests a permit to use not more than					T · ·				A. Car	ARTIMENT OF ECO	DOY
The applicant requests a permit to use not more than										NTRUA_SEGION OF	***
Cubic feet per second) from a surface water source or ground water source (check only one) for the urpose(s) of DMESTIC/PUBLIC SUPPLY Attack a "legal" Attack a "legal" Secription of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Stimate a maximum annual quantity to be used in acre-feet per year: Check if the water use is proposed for a short-term project. Indicate the period of time that the water will needed: From/						r				,	\
Attach a "legal" escription of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. stimate a maximum annual quantity to be used in acre-feet per year: Check if the water use is proposed for a short-term project. Indicate the period of time that the water will needed: From/ to/ Section 4. WATER SOURCE	he applica	int requests a	permit to u	ise not more	e than	31.3		_(🗓	gallons p	per minute or)
Check if the water use is proposed for a short-term project. Indicate the period of time that the water will needed: From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Enter the north-south and east-west distanck in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93 (SEE ATTACHED MAP) We of W of Section Township Range(E/W) County If location of source is platted, complete below: N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: Township FERC License # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health #	cubic fe	et per second) from a \square	surface wa	iter source or	☐ ground wa	ater source	ce (che	ck only o	one) for the	
Check if the water use is proposed for a short-term project. Indicate the period of time that the water will leveled: From/ to/ From/ to/ Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93 (SEE ATTACHED MAP) We of W of Section Township Range(E/W) County If location of source is platted, complete below: N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: Township FERC License # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health # Dept. Of Health #	escription	of the place	of use. (Se	e instruction	ons.) NOTE:	A tax parcel n	umber o	r a pla	t number	is not sufficie	ent.
Check if the water use is proposed for a short-term project. Indicate the period of time that the water will needed: From//_ to// Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 6" x 67' LOCATION Enter the north-south and east-west distancex in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93' (SEE ATTACHED MAP). 1f location of source is platted, completedow: N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use. Date Received: AMMARY 12, 1990. Priority Date: Dept. Of Health #											
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Enter the north-south and east-west distancXX in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331.93' (SEE ATTACHED MAP) Whof Ma of Section Township Range(E/W) N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: AMMAN 15, 1970 Priority Date: Howard 18, 1970 Sept. Of Health #	stimate a	maximum an	nual quantit	ty to be use	d in acre-feet	per year:		-			
From/ to/			ter use is pr	oposed for	a short-term p	roject. Indica	ite the pe	eriod o	f time tha	at the water w	ill b
Section 4. WATER SOURCE If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 931 (SEE ATTACHED MAP). We of 4 of Section Township Range(E/W) N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: AMADAL 13 1910 Priority Date: Option 13 1916 Dept. Of Health #	nee		, ,	to	1 1						
If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 6" X 67' LOCATION Enter the north-south and east-west distancex in feet from the point of diversion or withdrawal to the nearest section corner: 1.731' SOUTH 22 23 1331 93' 27 26 1331 93' (SEE ATTACHED MAP). If location of source is platted, complete below: Lot Block Subdivision N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use Date Received: AMMAN 18, 1990 Priority Date: Dept. Of Health # Dept. Of Health #		110IH		10							
If SURFACE WATER Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 6" X 67' LOCATION Enter the north-south and east-west distancex in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93' 77 26 1331 93' (SEE ATTACHED MAP) Well(s). If location of source is platted, complete below: Lot Block Subdivision N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: AMMAN 18, 1990 Priority Date: Dept. Of Health #	Section	4 WAT	FR SOL	RCF							
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 6" X 67' LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93' (SEE ATTACHED MAP). If location of source is platted, completed below: Lot Block Subdivision N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: AMMAN 18, 1990 Priority Date: Dept. Of Health #	Section	3. VV/XX	DIC DOC	RCD		alist in alexandratic objects in					
lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 6" X 67' LOCATION Enter the north-south and east-west distancex in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93' (SEE ATTACHED MAP). If location of source is platted, completedow: Lot Block Subdivision N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: Output Dept. Of Health # Dept. Of Health #	If SURF	ACE WATE	ER .			If GROUND	WATEI	R			
lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 6" X 67' LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93' (SEE ATTACHED MAP). If location of source is platted, completed below: Lot Block Subdivision N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use, Date Received: AMADIA 18, 1996 Dept. Of Health #	Name the	water source	and indica	te if stream	spring	A permit is de	esired for	1 ((ONE) w	vell(s)	
Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 6" X 67' LOCATION Enter the north-south and east-west distance in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93 (SEE ATTACHED MAP) (SEE ATTACHED MAP) When the point of diversion or withdrawal to the nearest section corner: 1731' SOUTH (SEE ATTACHED MAP) If location of source is platted, complete below: Lot Block Subdivision N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use. Date Received: AMADALLA 18, 1990 Priority Date: Dept. Of Health #	lake, etc.	If unnamed,	write "unn			T pormit is a			<u> </u>	011(8).	
Source flows into (name of body of water): Size & depth of well(s): 6" X 67 Size & depth of well(s): 6" X 67 Size & depth of well(s): 6" X 67 County	"unnamed	stream," etc	:								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23	Number o	of diversions:									
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93	Source flo	ows into (nam	ne of body o	of water):		Size & depth	of well(s):			
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93 27 26		(<i>j</i>					, -			
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 22 23 1331 93						0 40	7				
County C	LOCATI	ON									
County County If location of source is platted, complete below: Lot Block Subdivision	Enter the	north-south	and east-	west distaņ	cxx in feet fi	om the point	of dive	rsion	or withd	rawal to the	
Section Township Range(E/W) County If location of source is platted, complete below: Lot Block Subdivision N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use Date Received: Amany 18, 1990 Priority Date: Amany 18, 1990 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #	nearest se	ection corne	1. /			1					
If location of source is platted, complete below: Lot Block Subdivision			27 26	1331 93 WEST		(SEE ATTAC	HED MAI	2).			
N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use Date Received: Among 18, 1990 Priority Date: Dept. Of Health #			1						tion of sour	ce is platted, con	plete
N.E. S.W. 23 23 19 CHELAN 2 2407 For Ecology Use Date Received: AMAN 18, 1990 Priority Date: Dept. 0f Health #	1/4 of	1/4 of	Section	Township	Range(E/W)	County					
For Ecology Use Date Received: AMANU 18, 1990 Priority Date: January 18, 1996 SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #	<i>k</i>					,		Lot	Block	Subdivisio	п
	N.E.	S.W.	23	23	19	CHELAN		2		2407	
	For Foology	Use Data Po	ceived (a.	MIANIA 10	1 1991 Dia	ity Date: Qa		18 19	96	<u> </u>	
	cens =	Date ne	- La		Prior	nty bate. 701		109 -1	<u>re</u>		
Date Accepted As Complete Librury 20, 1976 By Onto Date Returned By WRIA: 45											
	Jate Accept										

ECY 040-1-14 Rev. 12/94 F

APPLICATION

G432406 Appl. No.: _

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: NONE
3.	Briefly describe your proposed water system. (See instructions.) FOR 4 LOT SHORT SUBDIVISION FOR RESIDENTIAL USE. IRRIGATION WATER SUPPLIED FOR DOMESTIC LAWN & GARDENFOR EACH LOT BY ICICLE IRRIGATION DISTRICT. BLACKWATER RIGHT DEED #41
	DOMESTIC WELL WATER TO BE SUPPLIED TO EACH LOT BY 2" PIPE AND PUMP SIZE TO BE DETERMINED AT TIME OF NEED. (APPROX. 2 H.P.)
7.	Do you already have any water rights or claims associated with this property or system? YES X NO PROVIDE DOCUMENTATION. OTHER THAN SINGLE SOURCE DOMESTIC RESIDENTIAL HOME.
	etion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
(00	ompleted for all domestic/public supply uses.)
١.	Number of "connections" requested: 4 Type of connection HOMES (Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Con	plete C. and D. only if the proposed water system will have fifteen or more connections.
	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
).	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
۸.	Total number of acres to be irrigated:
3.	List total number of acres for other specified agricultural uses:
	UseAcres
	UseAcresNONE
	UseAcres
•	Total number of acres to be covered by this application:
).	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only:
	‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? □ YES □ NO If yes, enter permit no:
Ξ.	Farm uses:
	Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

□ YES □ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

2985 FAIRVIEW CYN, MONITOR, WA

1.4 MILES SW OF MONITOR.

Section 10. REQUIRED MAP

Attach a map of the project. (See instructions.)

SEE ATTACHED MAP

Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):						
		w				20 12	
	***	- 1					
		-					
В.		ant own the land on who copy of agreement:	ich the water	source is located	1?	XP YES	I NO
order and n	to process my ap nonitoring purpos	nation above is true a plication, I grant states. Even though I make partment of Ecology	ff from the Deay have been	epartment of Ea assisted in the	cology access to the preparation of the color of the colo	ne site for inspect e above application	ion on by

Applicant (or authorized representative)

Date

Landowner for place of use (if same as applicant, write "same")

We are returning your application for the following	reason(s):	
Examination fee was not enclosed	rajo (n. 1864). Projekt de Brita	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s)	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	*	
Please provide the additional information requested (de		application by

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

(360) 407-6006 (TDD).